What was the cause of Nietzsche's dementia?

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Summary: Many scholars have argued that Nietzsche's dementia was caused by syphilis. A careful review of the evidence suggests that this consensus is probably incorrect. The syphilis hypothesis is not compatible with most of the evidence available. Other hypotheses – such as slowly growing right-sided retro-orbital meningioma – provide a more plausible fit to the evidence.

Friedrich Nietzsche (1844–1900) ranks among the most influential of modern philosophers. Novelist Thomas Mann, playwright George Bernard Shaw, journalist H L Mencken, and philosophers Martin Heidegger, Karl Jaspers, Jacques Derrida, and Francis Fukuyama – to name only a few – all acknowledged Nietzsche as a major inspiration for their work. Scholars today generally recognize Nietzsche as:

> the pivotal philosopher in the transition to post-modernism.... There have been few intellectual or artistic movements that have not laid a claim of some kind to him.[1]

Nietzsche succumbed to dementia in January 1889, at the age of 44. Unable to care for himself, he was institutionalized in Basel, then in Jena, before his mother assumed responsibility for his care in March 1890. In August 1900, he died of pneumonia.

Since about 1950, there has been a consensus that Nietzsche's dementia was caused by syphilis. I aim to show that this consensus is likely to be incorrect, and will suggest a more plausible diagnosis. Further questions then arise. If Nietzsche did not have syphilis, how did that diagnosis arise, and how did it become the prevailing opinion? The second half of this article addresses these points.

The breakdown

On 5 April 1888, Friedrich Nietzsche took up residence in a small furnished apartment at 20 Via Milano in Turin, Italy. His landlord, Davide Fino, soon became aware that the new tenant had some peculiar habits, such as talking loudly to himself when he was alone in his room. In December, Fino began to notice Nietzsche's behaviour was becoming more bizarre: he was shredding currency and stuffing it into the wastebasket, dancing naked, and insisting that all the paintings had to be removed from his room so that it would look more like a temple[2].

On 3 January 1889, Nietzsche was accosted by two Turinese policemen after making some sort of public disturbance: precisely what happened is not known. (The often-repeated fable – that Nietzsche saw a horse being whipped at the other end of the Piazza Carlo Alberto, ran to the horse, threw his arms around the horse's neck, and collapsed to the ground – has been shown to be apocryphal by Verrecchia[3].) Fino persuaded the policemen to release Nietzsche into his custody.

Nietzsche meanwhile had begun to write brief, bizarre letters. To his former colleague Jacob Burckhardt he wrote:

> I have had Caiaphas put in chains. Last year I was crucified in a very drawn-out fashion by the German doctors. [Kaiser] Wilhelm, Bismarck, and all anti-Semites are abolished.[4]

To his friend Meta von Salis he wrote:

> God is on the earth. Don't you see how all the heavens are rejoicing? I have just seized possession of my kingdom, I've thrown the Pope in prison, and I'm having Wilhelm, Bismarck, and [anti-Semitic politician Adolf] Stöcker shot.[5]

To his closest friend, theologian Franz Overbeck, Nietzsche wrote:

> The world will be turned on its head for the next few years: since the old God has abdicated, I will be ruling the world from now on.[6]

Upon receipt of this letter, Overbeck rushed to Turin and arranged for Nietzsche to be admitted to the psychiatric asylum near Overbeck's home in Basel, Switzerland.

Nietzsche was not famous at the time of his breakdown. This fact is of fundamental importance in understanding how and why Nietzsche's dementia was misdiagnosed. On his arrival at the psychiatric asylum in Basel in January 1889, Nietzsche was a nonentity. When he was transferred several weeks later to the asylum in Jena (at his mother's request, in order that he should be closer to her home) he was lodged in the large, open, second-class ward; his mother could not afford the fee for first-class treatment and a private room. Second-class patients did not ordinarily

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receive any particular attentions from the staff, and Nietzsche received none. After all, dementia in a 44-year-old man did not seem to present any diagnostic challenge at that time. The asylum had many (seemingly) similar cases. The diagnosis was always assumed to be "dementia paralytica" – also known as general paresis of the insane, progressive paralysis, or paretic syphilis – that form of syphilis in which the brain is most affected.

In 1889, paretic syphilis was a death sentence. The typical patient would present with an expressionless face, slurred and confused speech, and – most characteristically of all – uncontrollable trembling of the tongue when asked to stick it out[7]. Within weeks or months convulsions might develop, along with a weakness ("paresis") of the extremities severe enough to mimic paralysis. Death usually occurred within 18 to 24 months of the onset of symptoms. There was no effective treatment.

A physical examination was performed shortly after Nietzsche's arrival at the asylum. The admitting physician, apparently assuming that the new patient was another victim of paretic syphilis, was startled to observe that Nietzsche could stick out his tongue without the tremor, which was practically the *sine qua non* of paretic syphilis. The doctor wrote: "Tongue heavily furred; no deviation, no tremor!"[8] Indeed, the only abnormal physical finding was an asymmetry in the size of the pupils: the right pupil was larger than the left, and reacted sluggishly to light.

No one told this physician that the size discrepancy between the two pupils was not new. Nietzsche's right pupil had been larger than the left since early childhood (see below). On the basis of this abnormal finding – plus Nietzsche's grandiose delusions, which were also assumed to be completely new for him – the diagnosis of paretic syphilis was made.

The case for syphilis

The diagnosis of paretic syphilis was based on Nietzsche's asymmetrically large and sluggishly reactive right pupil; the (supposedly) sudden appearance of grandiosity and bizarre ideas; and the development of dementia. Let us begin by considering these findings more closely, and then move on to the evidence against the diagnosis.

Asymmetrical pupils

Nietzsche's mother had observed that his right pupil was larger than his left when he was a small child[9]. Nietzsche's first professional eye examination was performed by Professor Schellbach of Jena, when Nietzsche was five years old. Professor Schellbach found that the boy suffered from myopia, much more severe in the right eye than in the left: the right eye required a very powerful lens (six dioptres) for correction. Schellbach, like Nietzsche's mother, also noted that the right pupil was significantly larger than the left[10]. Forty years later the same discrepancy in the size of the pupils would be noted – and would be assumed to be a new development with ominous clinical significance – at the asylum in Basel.

Slow response of the right pupil to light

In January 1889, the examining physician observed that the right pupil constricted in response to light more slowly than did the left pupil. This finding can be seen in syphilis, but there are also many alternative explanations.

We know that by the age of 30, Nietzsche was functionally blind in his right eye (see below). One straightforward explanation for the sluggish reaction of the right pupil to light would be that the right eye was so damaged by Nietzsche's preexisting eye condition (also discussed below) that the light stimulus was less effective.

Still other explanations for the abnormal reaction of the right pupil can be considered. Certain forms of severe migraine, for example, can cause a temporary loss of the pupillary light reflex; after multiple severe migrainous episodes, the loss of the reflex can be permanent[11]. A tumour pressing directly or indirectly on the third cranial nerve can likewise cause a loss of pupillary reflexes[12]. As one experienced clinician observed in 1917 – at a time when paretic syphilis was still very common:

> It is true that many cases of pupillary irregularity are syphilitic, but the sign is of little or no differential value since congenital malformations and relics of old injuries and adhesions may produce effects identical with those of syphilis.[13]

The (supposedly) sudden appearance of grandiosity and bizarre ideas

As noted above, Nietzsche was exhibiting bizarre and grandiose delusions when he was brought to the asylum in Basel. The asylum doctors assumed that these delusions were a new development, constituting a complete break with Nietzsche's previous mental state.

This assumption was incorrect. Nietzsche's bizarre and grandiose statements and behaviour were not so much a new development as the culmination of a trend many years in the making. When he finished the first three parts of *Thus Spake Zarathustra* Nietzsche wrote, in 1884 (aged 40), to his friend Erwin Rohde:

> With *Zarathustra* I have brought the German language to its full realization. After Luther and Goethe a third step had to be taken – tell me, my old friend, whether there has ever been such a combination of strength, resilience and euphony.[14]

To his friend Paul Lanzky he wrote (also in 1884) that *Zarathustra* was the "most significant book of all times and peoples that ever existed"[15]. On 21

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May 1884 – more than four years before his breakdown – he wrote:

> If I do not go to such extremes that whole millennia will make their highest vows in my name, then in my eyes I will have accomplished nothing.[16]

Nietzsche's grandiosity is well known to students of his life and letters. Less well known are passages from Nietzsche's unpublished papers that manifest bizarre ideas, beginning in adolescence. A few of these passages found their way into his books or letters. Most were never shown to anyone and lay undiscovered among his papers until after his death. One example from this latter category are three enigmatic lines which Nietzsche scribbled in one of his student notebooks at the age of 24:

> What I fear is not the awful shape behind my chair, but its voice. And not so much the words, but rather the dreadful, inarticulate and inhuman tone of that shape. If only it would speak as people speak![17]

Nietzsche occasionally discussed his intimations of insanity with close friends. In July 1884, Nietzsche told his friend Resa Schirnhofer how, as soon as he would close his eyes:

> he saw a profusion of fantastic flowers, twining round each other and constantly growing, changing in shape and colour with exotic opulence.... With disturbing urgency in his soft voice, he asked: "Don't you think this is a symptom of incipient madness?" [18]

Dementia

There are of course many possible aetiologies for the development of dementia in a middle-aged man. Some of the neurological conditions which could present in this fashion include: benign tumours arising in the frontal lobe or the base of the brain, such as a pinealoma, meningioma, or pituitary adenoma; other intracranial masses, such as an organized subdural haematoma, sphenoid mucocoele, dermoid cyst, or tuberculoma; normal-pressure hydrocephalus; aneurysm; angioma; and so on.

In 1889, the commonest aetiology for the subacute onset of dementia in a 44-year-old man would indeed have been paretic syphilis. However, Nietzsche's clinical presentation was not typical of paretic syphilis. Dr Houston Merritt, perhaps the leading twentieth-century authority on syphilis, identified five distinctive signs of paretic syphilis: an expressionless face; hyperactive tendon reflexes; tremor of the tongue and facial muscles; impairment of handwriting; and slurred speech[19]. Nietzsche exhibited none of these five signs. His facial expressions remained vivid and evocative; his reflexes were normal; tremor was not present; his handwriting in the weeks and months after his collapse was at least as good as it had been in previous years; and his speech was fluent, although the content was occasionally bizarre.

Nietzsche continued to keep a journal during and after his stay at the Basel asylum. Some of the entries are not only meaningful but also poignant:

> Solitude is not painful, it ripens – but you must have the sun as a girlfriend.

Or:

> You run too fast! Only now, when you tire, does your luck catch up with you.

When Arthur Muthmann, a psychiatrist at the Basel asylum, analysed Nietzsche's journal after his death, he found it to be completely unlike anything that he had ever seen written by a patient with paretic syphilis. Muthmann concluded that the notebooks alone were sufficient evidence to reject the diagnosis of paretic syphilis[20].

During Nietzsche's time in the Jena asylum, his mother asked the attending psychiatrist, Dr Otto Binswanger, to look at the notebooks. Binswanger refused, saying he saw no point in it[21]. Second-class patients did not merit such attentions.

On balance, it appears that the diagnosis of paretic syphilis in Nietzsche's case was made in spite of, not because of, the clinical evidence. The diagnosis was the result of a cursory examination, of the failure to investigate his medical and psychiatric history, and of the assumption – understandable enough in 1889 – that dementia in a middle-aged man could safely be assumed to be paretic syphilis.

The case against syphilis

There are four important features of Nietzsche's clinical presentation that are not accounted for by, or indeed contradict, the diagnosis of paretic syphilis. Those four features are Nietzsche's lifelong history of severe migraine; his prolonged survival after his 1889 collapse; the laterality of his signs and symptoms; and the absence of any documented history of syphilis. We turn now to consideration of these four features.

Nietzsche's migraines

Nietzsche was only nine years old when he began missing school owing to migraine; throughout his adolescence the severe migraines caused him to be absent from school for periods of a week or longer[22]. The headaches were often worse on the right side of the head, and were typically associated with gastrointestinal symptoms. When the headaches were bad he would sometimes keep his right eye closed, to lessen the discomfort[23].

The increasing frequency and severity of his headaches prompted him to apply for extended sick leave from his chair at Basel in 1871 and again in 1876. In the autumn of 1878 Nietzsche met with Dr Otto Eiser, who arranged a consultation in Frankfurt with the ophthalmologist Dr Otto Krüger. Krüger noted considerable fluid in the

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right retina, and documented that Nietzsche was almost completely blind in the right eye[24]. Krüger diagnosed retinitis but was not able to determine the cause. Nietzsche applied for still more sick leave. In 1879 (at the age of 35), he resigned his professorship for good, and was given a small pension by the university. He never held another job.

Because severe headache can be a harbinger of paretic syphilis, Nietzsche's headaches may seem to support the hypothesis that his dementia was caused by syphilis. However, the headache occasioned by syphilitic infection of the central nervous system precedes the general collapse "sometimes for only a few days or a week, often for several weeks, rarely for two or three months", according to an experienced neurologist writing when paretic syphilis was still common[25]. If one attributes Nietzsche's headaches to paretic syphilis, then one must be willing to assert a span of 35 years between the onset of headaches (age nine) and the general collapse (age 44). But this assertion never had to be made by those who originally championed syphilis as the cause of Nietzsche's headaches, because, as we shall see, they were not aware of his history of headaches in childhood and adolescence.

Length of life after the collapse

In the pre-antibiotic era, it was unusual for patients with paretic syphilis to survive longer than two years after the onset of symptoms. In Kraepelin's series of 244 patients with paretic syphilis, 229 out of 244 had died within five years, and 242 out of the 244 had died within nine years. One patient out of the 244 lingered for 14 years[26]. Nietzsche, however, still appeared to most observers to be in good health for many years after his collapse. One visitor in the summer of 1899 – 10 years after Nietzsche's collapse – believed that he could still be cured. The visitor wrote:

> Such a conclusion seems plausible to everyone who has seen Nietzsche himself. I noticed nothing crazy about him; on the contrary, his candid look and understanding response to my greeting startled me. Likewise, statements to his sister, such as "Did I really write a few good books?" made one wonder.[27]

Laterality of symptoms

Paretic syphilis affects both cerebral hemispheres. Signs and symptoms tend to be generalized and bilateral. But Nietzsche's symptoms before and after the collapse suggest a process confined to the right cerebral hemisphere. His headaches persisted and remained, typically, right-sided. For example, a doctor's note of 28 March 1889 records "often complains of supraorbital neuralgia on the right side"[28], and another, from 10 November 1889, states "Continued violent right hemicrania"[29].

No history of syphilis

This point is best illustrated in the extraordinary attempts made between 1900 and 1950 to conjure up some evidence that Nietzsche actually had syphilis. These attempts are best considered in the entire context of Nietzsche scholarship during that period. In a moment we will take a closer look at that history, including the efforts to manufacture a history of syphilis for Nietzsche.

Alternative diagnosis

If Nietzsche's dementia was not caused by syphilis, then what was the cause? The available data do not suffice to make a diagnosis with certainty. However, several conditions could account for the salient features of Nietzsche's case. Of these, perhaps the most likely candidate is a meningioma of the right optic nerve.

Psychiatric symptoms are common in patients with meningiomas[30]. These symptoms may range from mania to dementia[31]. The progression of such symptoms is typically slow but inexorable, prompting Shaffi and Lekias to suggest that any adult with a severe personality disorder be evaluated for meningioma[32]. In the era before computerized tomography and magnetic resonance imaging, such patients were often committed to psychiatric hospitals; the correct diagnosis was made only at autopsy[33]. On the other hand, if the correct diagnosis is made early and the meningioma is removed surgically, then the psychiatric illness may lessen or vanish altogether, and the patient may return to normal function[34].

The hypothesis of a meningioma of the right optic nerve accounts for the facts of Nietzsche's case far better than does the diagnosis of paretic syphilis. The commonest presentation of meningioma includes chronic intermittent headache, visual disturbances and altered mental status[35]. The vivid visual phosphenes that Nietzsche described to Resa Schirnhofer (see above) would be typical for a meningioma of the optic nerve (and such phosphenes have, to my knowledge, never been reported in paretic syphilis). A meningioma of the optic nerve gives rise to retinal findings which may mimic other disease processes: as a result, even modern ophthalmologists will misdiagnose the cause of the visual disturbance in roughly half of patients with such meningiomas[36].

Anderson and Khalil suggest that any patient who presents with the combination of migrainous headache and significant retinal disease should always be evaluated for possible meningioma, preferably with a brain scan[37]. The headache associated with meningioma is typically severe and intermittent, as Nietzsche's was, and is easily confused with migraine[38]. Meningiomas typically grow very slowly; they may stop growing altogether for a period of several years, then resume a

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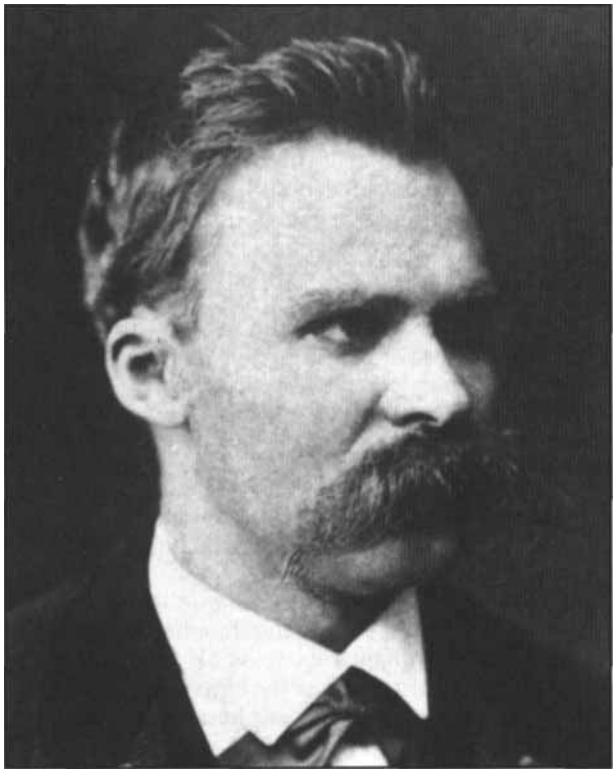

Figure 1. Photograph of Friedrich Nietzsche, 1876 (aged 32). Note the prominence of the right eye, which almost appears to bulge out of the head, especially in comparison with the left eye. This characteristic can be detected in most photographs of Nietzsche, from his adolescence on, and is readily explained by the hypothesis of a right-sided retrobulbar meningioma. (Reproduced by permission of the Stiftung Weimarer Klassik, Weimar, Germany.)

slow rate of growth[39]. The right-sided predilection of Nietzsche's headaches – a fact which is completely unaccounted for by the hypothesis of paretic syphilis – would be expected in a patient with a meningioma of the right optic nerve, underlying the right frontal lobe of the brain (Figure 1).

If a meningioma of the right optic nerve were present in this case, a gradual increase in the size of the mass would have led, effectively, to a *de facto* frontal lobotomy. Such an effect would account for the further deterioration of Nietzsche's mental state between 1889 and 1900.

The history of a mistake

Why has the diagnosis of syphilis been allowed to persist for over 100 years in the face of so much contradictory evidence? This question can best be answered by considering how Nietzsche's dementia was evaluated and interpreted in the years after his collapse.

As Nietzsche's fame grew throughout the 1890s, public interest in this mysterious recluse grew as well. His sister Elisabeth responded by creating a cult centred on her brother. She dressed him in flowing white robes, to create the illusion that he had become some sort of silent guru, and to imply that his dementia had some profound philosophical meaning. After Nietzsche's death, the most fanatical of his followers began to insist that Nietzsche's dementia had been some sort of higher state, an "ascent into the mystic"[40]. "How do we know," wrote Isadora Duncan, "that what seems to us insanity was not a vision of transcendental truth?"[41]

Autopsy was not performed when Nietzsche died in August 1900. His sister later remarked that it had never occurred to her to request an autopsy. She claimed that she was unaware at the time of the "disgusting accusation" that Nietzsche had had syphilis[42]. Within a year of his death, however, the rumours about the cause of Nietzsche's dementia threatened to divert attention from his philosophical writings. It was an open secret that the doctors in Basel and Jena had diagnosed Nietzsche as having paretic syphilis.

Elisabeth feared that if she could not expunge the stain of syphilis from her brother's record, his reputation might be irretrievably sullied. Having no medical training herself, she had neither the ability nor the credentials to challenge the diagnosis of syphilis. She cast about for a suitable authority to undertake this task.

She chose the most notorious science writer of her day: Dr Paul Julius Möbius. It was a curious choice. Möbius' *modus operandi* was to take a famous historical figure and show that the celebrity was "really" insane. His principle was simple: "the farther one is from the average, the farther one is from normality" ("je mehr sich einer vom Durchschnitt entfernt, um so mehr entfernt er sich von der Normalität")[43]. Nietzsche's medical records, including the notes of the Basel and Jena psychiatrists – to which Elisabeth had previously refused all requests for access – were turned over to Möbius.

Möbius quickly decided that the Basel and Jena psychiatrists had been correct in diagnosing Nietzsche with paretic syphilis – a condition with which Möbius himself had almost no experience. Möbius did recognize one feature of Nietzsche's case which was inconsistent with the diagnosis of paretic syphilis, namely the long time between the beginning of Nietzsche's "insanity" (which Möbius decided had begun with the writing of *Zarathustra* in 1881) and Nietzsche's death in 1900. Möbius acknowledged the difficulty, but dismissed it in a single sentence: "One can't say with certainty why the disease sometimes takes a long course, and sometimes a short one"[44]. He never drew his readers' attention to the fact that a survival of 19 years (1881–1900) after the onset of paretic syphilis would have been unprecedented in the published literature. "Beware," he wrote in the final sentence of his book on Nietzsche, "for this man has a diseased brain!"[45]

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Möbius' book came as a shock to Elisabeth. She set about the task of writing a definitive biography of her brother herself, to refute Möbius' "vile insinuations"[46]. Her subsequent biography portrayed her brother as a saint. She included letters and testimonials from Nietzsche's closest friends to the effect that he had always been chaste. Elisabeth suggested that the trigger for Nietzsche's collapse was a mysterious "Javanese tea", which she claimed to have identified as *Cannabis indica*. Subsequent scholarship showed that Elisabeth's suggestion was fantasy[47]. There is no mention of "Javanese tea" or any variety of cannabis in any authenticated letter to or from Nietzsche. Elisabeth herself never mentioned it until the publication of Möbius' book in 1902.

Two important books analysing Nietzsche's dementia were published before Hitler's accession to power in 1933. The first, by Kurt Hildebrandt, was published in 1926[48]. Hildebrandt was the first doctor publicly to catalogue the weaknesses of the syphilis hypothesis. He mentioned many of the inconsistencies considered above, such as the fact that Nietzsche's speech and handwriting remained largely intact for years after his collapse. Hildebrandt also appears to have been the first to remark that a slowly growing benign tumour in the brain could cause symptoms identical to those observed in Nietzsche's case[49].

The second major book about Nietzsche's dementia published during this period, written by Erich Podach in 1930, was entitled *Nietzsches Zusammenbruch* ("Nietzsche's Breakdown"). Podach began with a spirited attack on Möbius' 1902 book, which he described as "a piece of philistine arrogance, ill-concealed by a medical cloak"[50]. Podach had managed to obtain some of Nietzsche's medical records from the Jena asylum without the knowledge of Nietzsche's sister. He drew on these notes to challenge the diagnosis of syphilis, documenting that the diagnosis had been made in a haphazard and casual manner.

A spirited rejoinder to Podach was immediately published by Wilhelm Lange-Eichbaum. Because Lange-Eichbaum became, as we shall see, an important figure in perpetuating the syphilis theory, some details of this rejoinder – and of Lange-Eichbaum's background – are important for our purposes. Lange-Eichbaum was a neurologist who had made a name for himself in 1928 with publication of the book *Genius, Insanity and Fame*[51]. He was faithful to the "pathographical" tradition of Dr Möbius, whom he very much admired. Lange-Eichbaum agreed with Möbius that genius and insanity were closely linked.

Lange-Eichbaum savagely attacked Podach's book. It was "grotesque", Lange-Eichbaum wrote, "for a layperson such as Podach to launch such an attack on psychiatry, on psychiatrists, and on pathography"[52]. In response to Podach's observation that Nietzsche's prolonged survival after the collapse would be extremely unusual in a patient with paretic syphilis, Lange-Eichbaum wrote that this "poses no serious difficulty, when one considers the meticulous care which the invalid [Nietzsche] received"[53].

Podach responded to Lange-Eichbaum's criticism in equally harsh terms. He quoted passages from Lange-Eichbaum's book *Genius, Insanity and Fame* in which Lange-Eichbaum had said that Shakespeare was a psychopath, and that Jesus was a "mental case". Such verdicts, Podach wrote:

> show how the smallest psychiatric frog can puff itself up to attain Shakespearian or Christlike dimensions ... [and] only confirm the argument that "pathography" employs the inadequate conceptions of clinical psychiatry whenever it deals with personalities it cannot understand.[54]

World War II and its aftermath

By the time Elisabeth died in 1935 (at the age of 89), she had succeeded in linking her brother's name and philosophy firmly with Adolf Hitler. To her great joy, the Führer himself visited her in 1934, at which time he was photographed gazing respectfully at a bust of Nietzsche. In England and America, Nietzsche became known as "the Nazi philosopher". Nietzsche was, after all, the man who had first introduced the idea of "master morality" as opposed to "slave morality". He had also formulated the concepts of the "master race", the "blond beast" and the "Superman" (*Übermensch*). All of these ideas were championed enthusiastically by Hitler's followers and exploited by Nazi propagandists.

After the war, Lange-Eichbaum seized the opportunity to write an anti-Nietzsche diatribe. He had now become, unashamedly, a despiser of Nietzsche. (He had apparently forgotten, or saw no reason to mention, his published comment in 1930 that Nietzsche was "one of the greatest shining stars of German culture"[55].) Lange-Eichbaum stopped short – barely – of putting the *entire* blame for World War II on Nietzsche's head:

> The Second World War was a war of insanity. Such a catastrophe can of course not develop solely out of the writings of one disturbed philosopher.... But the formulas employed by the perpetrators of the war, and the moral and philosophical justifications which they employed – these were given the "Powers of Darkness" by the lonely thinker of Sils-Maria and Turin.[56]

Although Lange-Eichbaum was a physician, he devoted most of his short book to a discussion of the political ramifications he saw in Nietzsche's work. He devoted just one page to "proving" that Nietzsche had syphilis. Before Lange-Eichbaum, no writer had asserted the existence of any documentary evidence that Nietzsche had syphilis. The extant records of Nietzsche's medical visits – which are remarkably complete – contain nothing that could be construed as a manifestation of

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syphilis. Consider this 1899 report of the Health Commissioner, Dr Vulpius:

> None of the doctors [who examined Nietzsche throughout his life] observed any externally perceptible syphilitic symptoms or used them as an explanation for their numerous diagnoses. Even the most thorough physical examinations which were made upon Nietzsche's delivery to the Basel and Jena mental clinics and later by Dr. Gutjahr, his personal physician in Naumburg, gave no basis for a post-syphilitic skin, mucous membrane, bone, or gland infection.[57]

Lange-Eichbaum wrote that, in 1930:

> a Berlin neurologist told me that Nietzsche had infected himself with syphilis in a Leipzig brothel during his time as a student there, and that he had been treated for syphilis by two Leipzig physicians.[58]

The Berlin doctor purportedly had received this bit of news from none other than Dr Möbius, who purportedly had letters from the two Leipzig doctors who had treated Nietzsche. "And the letters were later destroyed." Dr Lange-Eichbaum himself reported speaking with the brother of Dr Möbius, and with the son of one of the two unnamed Leipzig physicians, both of whom (he said) confirmed the story[59].

Serious objections may be raised to this extraordinary hearsay:

1. If Möbius had documentary evidence that Nietzsche had been treated for syphilis, why did he not mention it anywhere in his 1902 book or subsequently?
2. Why did Lange-Eichbaum not disclose the name of the Berlin doctor who wrote to him, or the names of the Leipzig physicians who purportedly treated Nietzsche for syphilis?
3. What precisely was the problem that the Leipzig doctors were treating? How certain were they of their diagnosis? Why is there no corroborating record of these visits in the extensive documentation of Nietzsche's time in Leipzig? Exhaustive scholarly efforts to identify these two Leipzig doctors – including a search of all extant records of Leipzig doctors from that period to see whether any of them had treated anyone named Nietzsche – have turned up nothing[60].
4. Why were the letters destroyed? How does Lange-Eichbaum know they were *destroyed* and not merely lost?

Lange-Eichbaum's gossip raises more questions than it answers. Extraordinarily, this single passage in Lange-Eichbaum's obscure book is *the* chief foundation, cited again and again, directly or indirectly as we shall see, as "proof" not only that Nietzsche had syphilis, but also that Nietzsche's dementia was caused by paretic syphilis.

When Richard Blunck published his biography of Nietzsche in 1953, he quoted this paragraph from Lange-Eichbaum's book, as part of his own discussion of Nietzsche's illness. Blunck adds:

> So, the year when the infection occurred remains undetermined. But we cannot doubt the report of such a sincere psychiatrist as Lange-Eichbaum.[61]

Because Blunck's work was otherwise well documented, his endorsement of Lange-Eichbaum's report carried considerable weight; and, because Lange-Eichbaum's book is rare, few scholars were able to check Lange-Eichbaum's work directly, but instead merely cited Blunck.

One man's gossip becomes another man's reference, which in turn becomes a scholar's footnote. Blunck's affirmation of faith in Lange-Eichbaum's sincerity becomes proof of Nietzsche's syphilis in the best-known of all English-language Nietzsche biographies, where we read:

> Richard Blunck reproduces evidence which makes it impossible to doubt that Nietzsche was treated for a syphilitic infection by two Leipzig doctors during 1867.[62]

Not so. As we have seen, Blunck merely quoted Lange-Eichbaum's gossip.

Walter Kaufmann, perhaps the most respected of English-language Nietzsche scholars, maintained that "all sober and unsensational medical treatments of the subject seem agreed ... that Nietzsche very probably contracted syphilis" and that the cause of his dementia was "almost certainly an atypical general paralysis"[63] – another name for paretic syphilis.

Conclusion

When examined closely, every aspect of the syphilis hypothesis fails. In my view, there is no convincing evidence that Nietzsche ever had any form of syphilis. The time course of Nietzsche's illness is incompatible with even the most extraordinary presentation of syphilis. The details of Nietzsche's clinical presentation are inconsistent with syphilis. Other diagnoses are more plausible.

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